UNITED STATES DEPARTMENT OF THE INTERIOR

	SF-078132
	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
	7. UNIT AGREEMENT NAME
nt	
	8. FARM OR LEASE NAME
	A. L. Elliott "C"
	9. WELL NO. 12 12 12 13 15 15 15 15 15 15 15 15 15 15 15 15 15
	4:040 0 4:54
	10. FIELD OR WILDCAT NAME
	Basin Dakota = 11. SEC., T., R., M., OR BLK. AND SURVEY OR
	AREA एँडामी ई देखें
	NE/4, NE/4, Section-15, T29N, R9W
	12. COUNTY OR PARISH 13. STATE
	San Juan San Juan San Juan San Juan San Juan San San San San San San San San San S
	14. API NO. 경화하다 한 관하철일
Ε,	30-045-23346
	15. ELEVATIONS (SHOW DF, KDB, AND WD)
	5950' GL

E LEASE

GEOLOGICAL SURVEY SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a differe reservoir. Use Form 9–331–C for such proposals.) gas 1. oil X other well well 2. NAME OF OPERATOR Amoco Production Company 3. ADDRESS OF OPERATOR Farmington, NM 87401 501 Airport Drive 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 1 AT SURFACE: 940' FNL x 1000' FEL, Section 15, AT TOP PROD. INTERVAL: Same AT TOTAL DEPTH: Same 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTIC REPORT, OR OTHER DATA SUBSEQUENT REPORT OF: REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF 0.00 M 0.00 M 0.00 M 0.00 M FRACTURE TREAT SHOOT OR ACIDIZE results of multiple completion or zone REPAIR WELL on Form 9-330.) change PULL OR ALTER CASING Stop Joe bodrom and has APR 17 1990 MULTIPLE COMPLETE CHANGE ZONES U. S. GEOLOGICAL SURVEY ABANDON* Casing Top FARMINGTON, N. M. (other) 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)* The trop of the cement behind the 4-1/2" casing is to 2760'. ACCEPTED FOR RECORD APR 17 1980

Subsurface Safety Valve: Manu. and Type ____ 18. I hereby certify that the foregoing is true and correct 3 TITLE Dist. Adm. Supvr. DATE SIGNED -(This space for Federal or State office use) इ APPROVED BY CONDITIONS OF APPROVAL, IF ANY: